

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011389</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 01/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GARDENS AT LAKE CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 CHINWORTH COURT WARSAW, IN 46580</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00080263 completed on 10/5/10.</p> <p>Complaint IN00080263: Corrected.</p> <p>Survey date: 1/3/11</p> <p>Facility Number: 011389 Provider Number: 011389 Aim Number: N/A</p> <p>Survey Team: Ellen Ruppel, RN, TC Mavis Stob, RN Honey Kuhn, RN</p> <p>Census bed type: Residential: 23 Total: 23</p> <p>Census payor type: Other: 23 Total: 23</p> <p>Sample: 3</p> <p>Gardens at Lake City was found to be in compliance with 410 IAC 16.2 in regard to the PSR to Complaint IN00080263.</p> <p>Quality review completed on 1/4/2011 by Bev Faulkner, RN</p>	{R 000}			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

ENY112

If continuation sheet 1 of 1